Dilution SOLUTIONS

Hydro Intake Questionnaire 2021
Email: mailbox@dilutionsolutions.com
Phone: 800-451-6628 or 727-451-1198

Project Details

Project or Facility Location:								
Contact Email:						Contact Phone Number:		
Best method of contact:				Best Time of Day to Contact:	Mid-Day		SOCIAL:	
Timeline Of Needs / Install Date:	30 Days or Less	☐	30 to 90 Days	☐	90 Days to 6 Months	☐	6 Months to 1 Year / Budgetary Quote	☐
How or where did you hear about Dosatron or Dilution Solutions?								

Site/Feed Specifications

	VEG Recipe		FLOWER Recipe	
What nutrients are being used?	Product Name	Injection Rate	Product Name	Injection Rate
Include MINIMUM and MAXIMUM injection rates for each product. This can be mL/Gallon, mL/Liter, Injection %, Injection Ratio, or Grams/Gallon. **List VEG/MOM and FLOWER/BLOOM Separately**				
PROVIDE FEED CHART IF AVAILABLE				

Does your recipe change from week to week in Flower?	***If YES, Summarize changes below:***

Size of stock tanks/nutrient containers:			
How many rooms need to be fed using Nutrient Delivery Systems?		***Is the plan to Direct Inject from Dosing System to crop, or fill Batch Tanks with various recipes?***	
How many rooms are dedicated to FLOWER?			
How many rooms are dedicated to VEG?		**DIRECT:** ☐	**BATCH:** ☐

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Irrigation System Specifications

Do you currently have an Irrigation system?		YES	☐	NO	☐
Number of Irrigation Zones PER ROOM:				**How is the crop currently being irrigated? Please Describe:**	
Number of Drip emitters PER ZONE:					
Gallon Per Hour Output PER EMITTER:					
What is the MINIMUM / MAXIMUM water demand in Gallons Per Minute? [GPM Demand for SMALLEST & LARGEST Irrigation Zone]	SMALLEST ZONE GPM				
	MIN				
	MAX				
	LARGEST ZONE GPM				
	MIN			***Are you considering an Irrigation Controller or Fertigation System?***	
	MAX				
WHEN POSSIBLE, WE RECOMMEND PROVIDING AN IRRIGATION SYSTEM LAYOUT DRAWING OR DETAILED DESCRIPTION OF SYSTEM				Yes ☐	No ☐
				Are you working with an Irrigation System Designer?	
				Yes ☐	No ☐
				WHO?	

Do you have a Water Treatment System? Describe:	
Do you have a Filtration System? Describe:	
Do you have Fresh Water Storage? Describe:	
Do you have a Pump to provide Fresh Water to the Nutrient Delivery System(s)? Provide Details:	

NOTES: